



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Luigi Pascucci
Title: LINE SELECTOR FOR A MATRIX OF MEMORY ELEMENTS
Serial Number: 10/616,414
Filing Date: July 8, 2003
Examiner/Unit: Hoai V. Ho / 2818
Attorney Docket No.: 2110-78-3

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 9th day of February, 2005.


Signature

TRANSMITTAL LETTER

Transmitted herewith is:

A response/amendment in the above-identified application.

___ The fee has been calculated as shown below:

XX No additional claim fee is required.

Computation of Fee
For Claims as Amended

| | Claims Remaining After <u>Amendment</u> | Highest Number Previously <u>Paid for</u> | Present <u>Extra</u> | <u>Rate</u> | Addl. <u>Fee</u> |
|--|--|--|-------------------------|------------------------|---------------------|
| Total Claims | 29 | Minus 29 | = 0 | x <u>\$50/\$25</u> = | \$-0- |
| Independent Claims | 5 | Minus 5 | = 0 | x <u>\$200/\$100</u> = | \$-0- |
| Total additional fee for this amendment | | | | | \$-0- |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

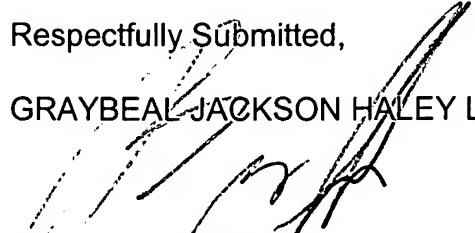
_____ Check No. _____ in the amount of \$ _____ for the additional claim fee is enclosed.

_____ Charge \$ _____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully Submitted,

GRAYBEAL JACKSON HALEY LLP



Bryan A. Santarelli
Attorney for Applicant
Registration No. 37,560
155 - 108th Ave. NE, Suite 350
Bellevue, WA 98004-5973
(425) 455-5575